

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
AMENDMENT TRANSMITTAL LETTER**

I hereby certify that this correspondence is being electronically filed with the United States Patent and Trademark Office on November 8, 2007 at or before 11:59 p.m. Pacific Time under the Rules of 37 CFR § 1.8.

Applicant : Naoya Takeuchi  
Application No. : 10/781,101  
Filed : February 17, 2004  
Title : PATTERN INSPECTION METHOD AND APPARATUS

Grp./Div. : 2624  
Examiner : Gregory M. Desire

Docket No. : 51971/A400

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Post Office Box 7068  
Pasadena, CA 91109-7068  
November 8, 2007

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	9	*20	0	x \$25.00	x \$50.00	0
Independent Claims	7	** 5	2	x \$105.00	x \$210.00	420
Multiple Dependent Claims ***				\$185.00	\$370.00	0
TOTAL FILING FEE						420
NO ADDITIONAL FEE REQUIRED	IF NO FEE REQUIRED, INSERT "0"					
LIST INDEPENDENT CLAIMS: 3, 6, 7, 10, 13, 14, 15						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME						

**Amendment Transmittal Letter**  
**Application No. 10/781,101**

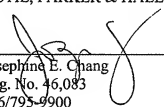
  X   Attached is our check for \$420 to pay the fees calculated above.  
       A Petition for Extension of Time and the required fee are enclosed.  
       Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By

  
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Josephine E. Chang  
Reg. No. 46,083  
626/795-9900

JEC/lal

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